

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509268

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7						
8				1		
9			1			
10				9		
11						
12						
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14						
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16						
17						
18				9		
19				9		
20				9		
21				9		
22				9		
23				1		
24						
25			1			
26				1		
27			1			
28			1			
29				1		
30			1			
31			1			
32				1		
33			1			
34			1			
35				1		
36			1			
37			1			
38				1		
39			1			
40			1			
41						
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	75	←		←
TOTAL CLAIMS			88			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						